

**Takoma Park Recreation Department**  
**VOLUNTEER COACH APPLICATION FORM**

Forms must be turned in to Recreation Department administrative offices (7500 Maple Ave, Takoma Park, MD 20910)

**Thursday, 11/15/12: Mandatory Coaches Meeting**

Takoma Park Recreation Center located at 7315 New Hampshire Avenue,  
In Takoma Park. The meeting will start promptly at 6:30 PM.

**Tuesday, 12/4/12: Coaches Clinic \*Please make every effort to attend\***

Takoma Park Recreation Center Gym located at 7315 New Hampshire Avenue,  
in Takoma Park. There will be two separate Coaches Clinics:

- **Grades K - 2:** 6:30 - 7:30 pm
- **Grades 3 - 8:** 7:30 - 8:30 pm



**Submitted to coordinator:**

\_\_\_\_\_ Date

**Entered into system:**

\_\_\_\_\_ Date

**Name:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_

**City/Zip:** \_\_\_\_\_

**Work Phone:** \_\_\_\_\_

**Education and Occupation:**

High School Name: \_\_\_\_\_

College Name: \_\_\_\_\_

Other: \_\_\_\_\_

Occupation (title, company): \_\_\_\_\_

**Coaching:**

Preferred age group/league desired: \_\_\_\_\_

Position Desired:    Head Coach \_\_\_\_\_ Assistant Coach \_\_\_\_\_

Name the person you wish to coach with: \_\_\_\_\_ (He/she must also complete this form.)

Your reason for applying: \_\_\_\_\_

**Previous Experience:**

Instructional Leadership of Children (explain): \_\_\_\_\_

**Previous coaching experience:**

Sport

Year(s)

Agency

\_\_\_\_\_

\_\_\_\_\_

**Certifications (coaching):**

CPR Certified: \_\_\_\_\_ Expires: \_\_\_\_\_ First Aid Certified: \_\_\_\_\_ Expires: \_\_\_\_\_